

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/889653

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	2		/			
4	2		/			
5	1		/			
6	1		/			
7	1		/			
8	1		/			
9	1		/			
10	/		/			
11	1		/			
12	2		/			
13	2		/			
14	1		/			
15	1		/			
16	1		/			
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49						
50						
TOTAL IND.	2		2			
TOTAL DEP.	23		18			
TOTAL CLAIMS	24		20			

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IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
52					
53					
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99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS